

# COLLEGE OF OCCUPATIONAL THERAPISTS OF BC

## COTBC ANNUAL REGISTRATION FORM GUIDE



### PERSONAL INFORMATION

Please complete the Personal Information section. Please provide your name, address, telephone number (including area code), a fax number and email address in the shaded sections.

### REGISTRATION CATEGORY

Please indicate if you are renewing in the Full or Provisional category. If you will not be practising as an occupational therapist in BC after July 1, 2008, you may also renew in the non-practising registration category or you may cancel your registration with the COTBC. Please indicate the reason for your resignation by using the codes provided.

### EXAMINATION

This section applies to individuals registered last year as provisional registrants. Please indicate the date you successfully completed the CAOT examination or the date that you are scheduled to write the exam.

### PROFESSIONAL LIABILITY INSURANCE

This is an annual reporting requirement. As a condition of registration with the COTBC, it is your responsibility to ensure that your professional liability insurance remains current and valid for the entire registration year for all practice settings. You must provide a copy of the insurance certificate or the letter from your employer verifying your professional liability insurance coverage.

### CRIMINAL RECORD CHECK

If you received the Criminal Record Check form in your package, you must complete the Criminal Record Check form and provide the \$20.00 fee as prescribed by the Criminal Records Review Program.

### CURRENCY HOURS

Indicate your practice currency by indicating the category on the list that describes how you meet the hours required. Registrants must report currency hours each year as a condition of renewal of registration.

### OT EDUCATION

In an effort to assist the Canadian Institute for Health Information (CIHI) with the maintenance of a national database for health human resource planning of OT's in Canada, the College has added new components to its data collection. The College maintains all OT educational qualifications for each member as well as up to two other academic credentials other than OT. Using the codes and space provided please indicate all of your OT academic credentials. In the Education other than OT section, please indicate any academic credentials you have earned in addition to your OT degree(s):

### EMPLOYMENT INFORMATION

This section **MUST** be completed. Information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the Public Register under the *Health Professions Act (HPA)*.

NOTE: Registrants who are self-employed and provide business information that is the same as their personal contact information must be aware that the business information may be disclosed as a result of requests to verify registration status or requests for information on the public register.

Please carefully review the explanation and definitions provided for each section of the profile. Also note that the College is now maintaining detailed information on up to three places of employment. Please provide your

response as applicable for Primary Employment, Secondary Employment and Third Employment.

### **EMPLOYMENT STATUS**

Indicate your current status by placing the appropriate code in the box. If at any time throughout the year your employment status changes you are obligated to inform the College, in writing, of the change. This data will be useful to CIHI in identifying a portion of the potentially available, but not employed, registered workforce.

### **CONTACT INFORMATION FOR PRIMARY, SECONDARY AND THIRD EMPLOYMENT**

Enter full and complete data for up to three employers in the space provided. Ensure that you record the employer name, complete address and phone/fax numbers.

Primary Employment: refers to the employment with an employer, or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Secondary Employment: refers to the employment associated with the second highest number of usual weekly hours worked, whether employed or self-employed.

Third Employment: refers to the employment associated with the third highest number of usual weekly hours worked, whether employed or self-employed.

For all employment, indicate whether or not the postal code reflects the site where you practice. This data will help identify OT's who typically work at multiple sites within the community, potentially some distance from an employer/business office location. If you select NO this means that the employer/business office is different than the location where you deliver service.

### **EMPLOYMENT CATEGORY**

Enter the code in the appropriate box for each applicable employment.

10. Permanent Employee—Status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

20. Temporary Employee—Status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

30. Casual Employee—Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

40. Self-Employed—A person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by verbal or written agreement(s) in which the self-employed individual agrees to perform specific work for a payer in return for payment.

### **FULL-TIME/PART-TIME STATUS**

Enter the code in the appropriate box for each applicable employment. You are also requested to provide the average/usual weekly hours of work for each employment.

10. Full-time—Official status with employer is full-time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

20. Part-time—Official status with employer is part-time, or usual hours of work are less than 30 hours per week.

## **POSITION**

Only one can be selected per employment. Enter the code that best identifies your position for each place of employment. Position definitions and corresponding codes are described below.

10. Manager—Major role is in management. Role may involve the management of a particular program, as in a first level management position, up to the most senior management position.

20. Professional Leader/Coordinator—Direct service provider with a leadership role in the professional practice within an employment setting.

30. Direct Service Provider—Major role is in the direct delivery of occupational therapy services, including case management and/or consultation.

40. Educator—Major role is as an educator for a particular target group.

50. Researcher—Major role is in knowledge development and dissemination of research.

60. Other—Position that is not otherwise identified by definitions above.

## **EMPLOYMENT TYPE**

Only one can be selected per employment. Enter the code that best identifies your employment type (whether an employee or self-employed) for each place of employment. This is at the service delivery level. Service delivery level refers to the location where you are directly engaged in your occupational therapy practice. The definitions of employment types and the corresponding codes are described below.

10. General Hospital—A health care facility that offers a range of inpatient and outpatient health care services (for example, medical, surgical, psychiatry etc.) available to the target

population. Includes specialty hospitals not otherwise classified.

20. Rehabilitation Hospital/Facility—Health care facility that has as its primary focus the post-acute, inpatient and outpatient rehabilitation of individuals.

30. Mental Health Hospital/Facility—Health care facility that has as its primary focus the acute or post-acute, inpatient and/or outpatient, care of individuals with mental health issues and illness.

40. Residential Care Facility—Refers to a licensed or regulated health facility that provides 24-hour skilled or immediate nursing care (that is, qualified nurses are on-site and available to respond immediately, if required). Includes long-term care facilities, nursing homes, special care homes, homes for the aged.

50. Assisted Living Residence—Refers to a non-institutional community setting that integrates a shared living environment with varying degrees of supportive services of the following types: supervision, housekeeping, personal care, meal service, transportation, social and recreational opportunities, etc. May have limited medical/nursing services available. Includes group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.

60. Community Health Centre—A community-based organization that may be the first-point of contact for clients, offering a range of primary health, social and/or other non-institutional-based services, including occupational therapy.

70. Visiting Agency/Business—A community-based agency or group professional practice/business focused on delivering health services, including occupational therapy, in the client's environment such as the home or workplace.

80. Group Professional Practice/Clinic—A community-based group professional practice/business or clinic organized around the delivery of primarily onsite health services, including occupational therapy, by a group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved, however, the health professionals are the focus of service provision.

90. Solo Professional Practice/Business—A community-based professional practice/business organized around the delivery of occupational therapy health services, by a single professional. Support staff may also be involved, however, the health professional is the focus of service provision.

100. Post-Secondary Educational Institution—A postsecondary institution, either a university or equivalent institution or a college or equivalent institution, with a primary focus on the delivery of education.

110. School or School Board—A primary, elementary or secondary school (or equivalent institution), or the associated school board (or equivalent entity) that has responsibility for the governance and management of education funding issued by provincial governments.

120. Association/Government/Para-Governmental—An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

130. Industry, Manufacturing and Commercial—A business/industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development,

or commercial activity outside of the healthcare system entirely.

140. Other—Employment type not otherwise described.

#### **AREA OF PRACTICE**

Only one can be selected per employment. Enter the code that identifies the area of practice that best describes the major focus of your activities for each place of employment. The definitions of area of practice and the corresponding codes are described below.

#### **AREAS OF DIRECT SERVICE - PHYSICAL HEALTH**

20. Neurological System—Services provided to clients with a variety of neurological health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

30. Musculoskeletal System—Services provided to clients with a variety of musculoskeletal health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

40. Cardiovascular and Respiratory System—Services provided to clients with a variety of cardiovascular and/or respiratory health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

50. Digestive/Metabolic/Endocrine System—Services provided to clients with a variety of digestive, metabolic and/or endocrine related health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

60. General Physical Health—Services provided to clients with a variety of general physical health issues requiring interventions focusing on maintaining/optimizing the

occupational performance of the life of an individual.

#### **ADDITIONAL AREAS OF DIRECT SERVICE**

10. Mental Health—Services provided to clients with a variety of mental health issues that require interventions focusing on maintaining/optimizing the occupational performance of the life of an individual.

70. Vocational Rehabilitation—Services provided with the purpose of enabling clients to participate in productive occupation(s).

80. Palliative Care—Services provided to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

90. Health Promotion and Wellness—Services provided with the purpose of improving the health of clients through functions of health promotion, health protection, health surveillance and population health assessment.

100. Other Areas of Direct Service—Area of direct service not otherwise identified.

#### **AREAS OF CLIENT MANAGEMENT**

120. Client Service Management—Focus of activities is the management of client services across the health care continuum, specifically the coordination of multiple services as required for client care.

130. Medical/Legal Related—Focus of activities is expert guidance on occupational therapy related medical and/or legal issues associated with client care.

#### **AREAS OF EDUCATION**

140. Teaching—Focus of activities is directed at providing postsecondary teaching to individuals registered in formal education programs.

#### **AREAS OF RESEARCH**

150. Research—Focus of activities is in knowledge development and dissemination of research.

#### **AREAS OF ADMINISTRATION**

110. Service Administration—Focus of activities is on the management of services, or the development of policy and/or programs.

160. Other Areas of Practice—Area of practice not otherwise described.

#### **CLIENT AGE RANGE**

Only one range can be selected per employment. Enter the code that best describes the client population that you most often work with. Only select the 'mixed' category if your work is equally distributed across the age ranges. Only select 'other' category if your work is equally distributed across all age ranges.

#### **FUNDING SOURCE**

Only one source of funding can be selected per employment.

Enter the code that best describes the majority of the funding source for your services. The definitions of funding source and the corresponding codes are described below.

10. Public/Government—The public sector is the main source of funding for employed activities.

20. Private Sector/Individual Client—A private sector entity or an individual client is the primary source of funding for employed activities.

30. Public/Private Mix—Funding for employed activities is derived from a mixture of public and private sources.

40. Other Funding Source—Funding source not otherwise described.

45. Insurance Industry – funding source is through auto insurers, long-term disability, extended health, WCB coverage or other insurance.

**PREVIOUS HISTORY & CONDUCT**

Note that the information requested is related to registration in other occupational therapy jurisdictions.

**DECLARATION**

Do not forget to sign and witness your form. The witness can be anyone who knows you, for example, a spouse or a colleague. Incomplete forms will be returned for completion and may delay your annual renewal.

**ANNUAL REGISTRATION FEES**

Annual Registration Fee for registration July 1, 2008 to June 30, 2009 is \$350.00. Non-practising fee is \$75.00. Annual fee for renewal of registration is due in full, on or before July 1, 2008. Incomplete applications will delay your renewal and may result in payment of a late fee penalty.

Make cheques payable to COTBC. Cheques not post-dated to July 1, 2008 will be cashed as they are processed. A \$25.00 fee is charged for NSF or cheques returned Not sufficient funds. Duplicate receipts are provided at a cost of \$15.00.

Pursuant to section 54(4) of the Bylaws of the COTBC, a registrant who fails to pay the annual registration fee on or before July 31, 2008, will cease to be registered with the College and may not legally practice as an occupational therapist in BC, and is subject to having his/her registration reinstated by the Board upon payment of the annual registration and a penalty fee. Pursuant to College Bylaws Section 54(5) & (6) penalty fees are:

- August 1 – August 31 \$ 70.00 (20% of the annual registration fee in addition to the annual registration fee)
- After August 31 \$122.50 (35% of the annual registration fee in addition to the annual registration fee)

The College Board approved a policy for considering applications from individuals found practising illegally (practising while not registered), a breach of the *Health Professions Act*. It is your responsibility to ensure your renewal of registration is received in the College office by the due date.

**Complete all sections and return no later than July 1, 2008. Incomplete registration renewal forms will be returned to you and may delay your annual renewal.**

**IMPORTANT NOTE: If you received the Criminal Record Check form in your package, you must complete the Criminal Record Check form and provide the \$20.00 fee as prescribed by the Criminal Records Review Program.**